

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Mississippi Conservatives			FEC IDENTIFICATION NUMBER ▼ C C00554774		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee United States Postal Service			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014		
Mailing Address 401 E South St			Amount 1976.15		
City Jackson	State MS	Zip Code 39201	Transaction ID : SE.4320		
Purpose of Expenditure Postage for Mail		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2014		
Name of Federal Candidate Mr. Christopher Brian McDaniel			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought 1023091.85			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee United States Postal Service			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014		
Mailing Address 401 E South St			Amount 19226.23		
City Jackson	State MS	Zip Code 39201	Transaction ID : SE.4321		
Purpose of Expenditure Postage for Mail		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2014		
Name of Federal Candidate Mr. Christopher Brian McDaniel			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought 1021115.70			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21202.38		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Mr. Brian Perry</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 05 / 20 / 2014		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Mississippi Conservatives		FEC IDENTIFICATION NUMBER ▼ C C00554774	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Winning Edge		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014	
Mailing Address PO Box 269		Amount 19187.14	
City Alexandria	State AL	Zip Code 36250	Transaction ID : SE.4323
Purpose of Expenditure Mail Production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2014	
Name of Federal Candidate Mr. Christopher Brian McDaniel		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought 1042278.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19187.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	40389.52

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Brian Perry

[Electronically Filed]

Date

MM / DD / YYYY
05 / 20 / 2014

Signature